

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574864

FILING DATE

07 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	2		/			
5	2		/			
6	2		/			
7	2		/			
8	2		/			
9			/			
10			/			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
17			/			
18			/			
19			/			
20			/			
21			/			
22	1		/			
23	1		/			
24	2		/			
25	2		/			
26	2		/			
27	6		/			
28	6		/			
29	6		/			
30	6		/			
31	6		/			
32	6		/			
33	6		/			
34	6		/			
35			/			
36			/			
37			/			
38	1		/			
39	1		/			
40	1		/			
41	1		/			
42	1		/			
43	3		/			
44	3		/			
45	3		/			
46	3		/			
47	3		/			
48	3		/			
49	6		/			
50	6		/			
TOTAL IND.	6		6			
TOTAL DEP.	106	6	77	6		
TOTAL CLAIMS	112	6	83	6		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			0		1	
52			0		1	
53			0		1	
54			0		1	
55			0		1	
56			1		1	
57			1		1	
58			1		1	
59			1		1	
60			1		1	
61			3		1	
62			3		1	
63			3		1	
64			3		1	
65			3		1	
66			3		1	
67			0		1	
68			0		1	
69			0		1	
70			0		1	
71			0		1	
72			0		1	
73			0		1	
74			0		1	
75			1		1	
76			1		1	
77			1		1	
78			1		1	
79			1		1	
80			1		1	
81			2		1	
82			0		1	
83			0		1	
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						